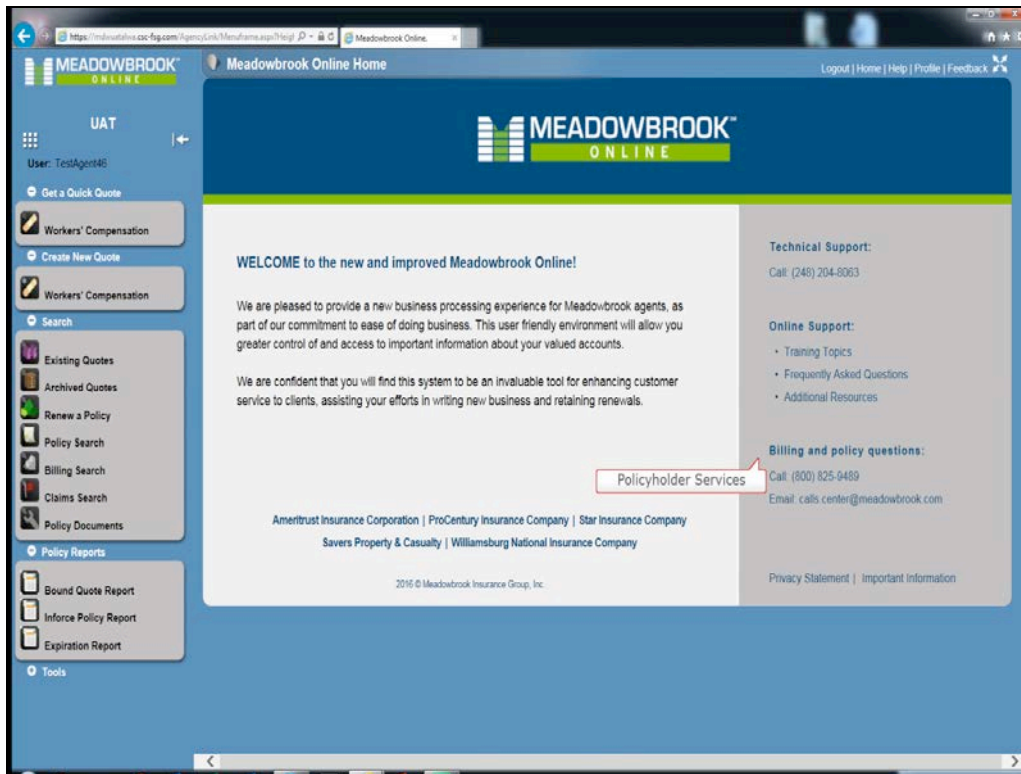
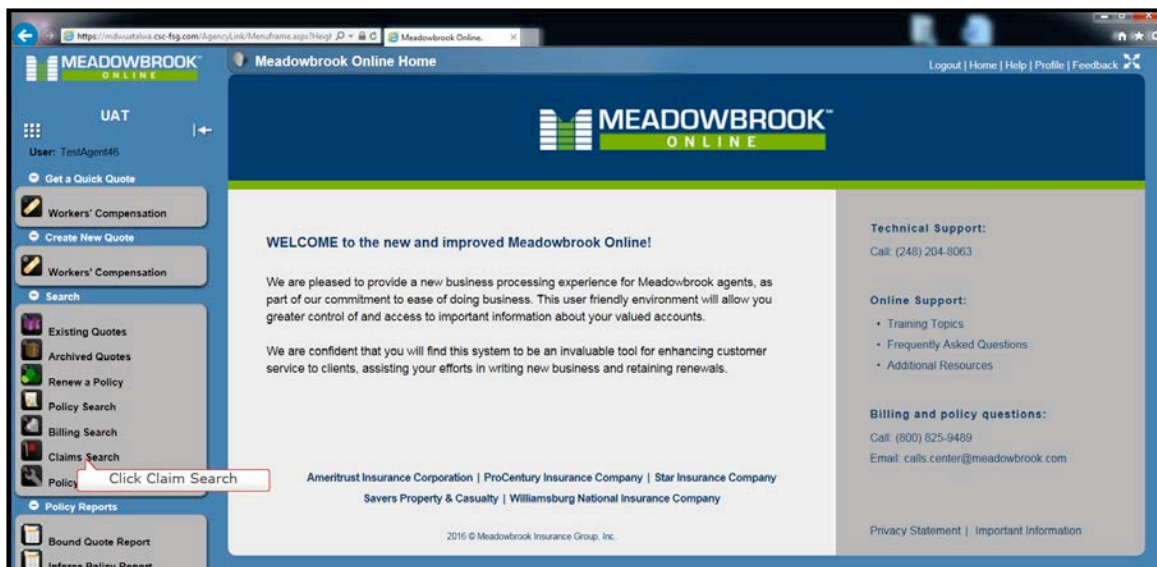




- The Inquiry subsystem within Meadowbrook Online allows users to be able to view a policy, billing, and claims information as it has been issued in the Point IN system.



- The Inquiry subsystem in Meadowbrook Online contains 5 years of history for all policies including billing and claims information about the policy.
- If you require information about a policy older than 5 years, you will need to contact our Policy Services department at the number listed on the Meadowbrook Online home page under Billing and Policy Questions. You can also email the call center at the email address listed.



- To access Claims Inquiry, click the Claim Search link

Claims Inquiry

MEADOWBROOK ONLINE

UAT
User: TestAgent46

Get a Quick Quote

Workers' Compensation

Create New Quote

Workers' Compensation

Search

Existing Quotes

Archived Quotes

Renew a Policy

Policy Search

Billing Search

Claims Search

Policy Documents

Policy Reports

Bound Quote Report

Inforce Policy Report

Expiration Report

Tools

Claims Inquiry

Insured's Name:

Policy Number:

Date of Loss:

Claim Type:

Claim Number:

Sort Results By:

Loss Activity Report: ☐

Search Reset

Click Search

Claim Number	Claim Type	Policy Number	Insured's Name	Date of Loss	Claim Status	Line of Business
992150006574	WORKERS' COMPENSATION	WC 5000341 00	BRRRR AIR CONDITIONING INC - T	May 19 2016	Reopen	Workers Comp Voluntary
992150006575	WORKERS' COMPENSATION	WC 5000341 00	BRRRR AIR CONDITIONING INC - T	May 20 2016	Open	Workers Comp Voluntary

Page 1 of 1

- The Claims Inquiry screen will be displayed.
- You can filter your search by entering data in any of the Claims Inquiry fields.
- Click Search and the claims that meet your filtered criteria will be displayed.

MEADOWBROOK ONLINE

UAT
User: TestAgent46

Get a Quick Quote

Workers' Compensation

Create New Quote

Workers' Compensation

Search

Existing Quotes

Archived Quotes

Renew a Policy

Policy Search

Billing Search

Claims Inquiry

Insured's Name:

Policy Number: 5000341

Date of Loss:

Claim Type:

Claim Number:

Sort Results By:

Loss Activity Report: ☒

Search Reset

Click On Claim

Claim Number	Claim Type	Policy Number	Insured's Name	Date of Loss	Claim Status	Line of Business
992150006574	WORKERS' COMPENSATION	WC 5000341 00	BRRRR AIR CONDITIONING INC - T	May 19 2016	Reopen	Workers Comp Voluntary
992150006575	WORKERS' COMPENSATION	WC 5000341 00	BRRRR AIR CONDITIONING INC - T	May 20 2016	Open	Workers Comp Voluntary

Page 1 of 1

- Select the claim you want to see by clicking on the Claim Number link

Claims Inquiry

MEADOWBROOK ONLINE

UAT
User: TestAgent46

Get a Quick Quote
Workers' Compensation
Create New Quote
Workers' Compensation
Search
Existing Quotes

Meadowbrook OnLine
Logout | Home | Help | Profile | Feedback

Claims Search > Claims Summary

Claim Summary | Claimant Summary | Payment Details

Claim Number: 992150006574

Policy Number: WC 5000341 00
Insured's Name: BRRRR AIR CONDITIONING INC - T
Claim Type: WORKERS' COMPENSATION
Current Due Amount: \$7,074.53

Claim #	Claim Status	Loss Description	Examiner	Date of Loss	Reserve Category	Total Paid	Incurred Loss
992150006574	Reopen	TEST CLAIM	SLAUGHTER,SUSAN	05/19/2016	Expense	\$0.00	\$100.00
992150006574	Reopen	TEST CLAIM	SLAUGHTER,SUSAN	05/19/2016	Medical Payment . .	\$195.00	\$195.00

- The Claims Summary screen will be displayed.

MEADOWBROOK ONLINE

UAT
User: TestAgent46

Get a Quick Quote
Workers' Compensation
Create New Quote
Workers' Compensation
Search
Existing Quotes
Archived Quotes
Renew a Policy
Policy Search
Billing Search
Claims Search
Policy Documents
Policy Reports
Bound Quote Report
Inforce Policy Report
Expiration Report
Tools

Meadowbrook OnLine
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Claims Search > Claims Summary > Claimant Summary

Claim Summary | Claimant Summary | Payment Details

Claim Number: 992150006574

Click On the Claimant Summary Tab

Claim #
Sort Results By: Claim # Ascending

Claimant #	Claimant Name	Claim #	Date of Loss	Description of Loss	Reserve Category	Total Paid	Total Incurred
1	SNOW WHITE	992150006574	5/19/2016	TEST CLAIM	Expense	\$0.00	\$100.00
1	SNOW WHITE	992150006574	5/19/2016	TEST CLAIM	Medical Payment . .	\$195.00	\$195.00

- To see information on the claimant, click on the Claimant Summary tab.

Claims Inquiry

MEADOWBROOK ONLINE

Meadowbrook OnLine

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Claims Search > Claims Summary > Claimant Summary

Claim Summary | Claimant Summary | Payment Details

Policy Number: WC 5000341 00 Claim Number: 992150006574

Claimant #: Claimant Name: Sort Results By: Claim # Ascending Search Reset

Claimant #	Claimant Name	Claim #	Date of Loss	Description of Loss	Reserve Category	Total Paid	Total Incurred
1	SNOW WHITE	992150006574	5/19/2016	TEST CLAIM	Expense	\$0.00	\$100.00

Click Plus Sign Symbol

Description	Claim Transaction	Transaction Amount	Transaction Date	Status
SNOW WHITE Expense	Open Claim	\$100.00	5/25/2016	Open

Claim #	Claimant Name	Claim #	Date of Loss	Description of Loss	Reserve Category	Total Paid	Total Incurred
1	SNOW WHITE	992150006574	5/19/2016	TEST CLAIM	Medical Payment . .	\$195.00	\$195.00

- Click on the plus sign symbol to view more details on the claimant.
- The minus sign symbol will appear when the information is expanded.

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Claims Search > Claims Summary > Payment Details

Claim Summary | Claimant Summary | Payment Details

Policy Number: WC 5000341 00 Claim Number: 992150006574

Claim #: Claimant Name: Claim # Ascending Search Reset

Claim #	Claimant Name	Payee Name	Claim Transaction	Check Number	Transaction Amount	Transaction Date
992150006574	SNOW WHITE	SNOW WHITE	Final Payment		\$195.00	5/25/2016

Click on the Payment Details Tab

- Click on the Payment Details Tab to view payment details on the claim.

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Meadowbrook OnLine

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Claims Search > Claims Summary

Claim Summary | Claimant Summary | Payment Details

Policy Number: WC 5000341 00 Claim Number: 992150006574

Policy Number: WC 5000341 00 Insured's Name: BRRRR AIR CONDITIONING INC - T

Claim Type: WOR Current Due Amount: \$7,074.53

Policy Detail Link Billing Detail Link

Claim #	Claim Status	Loss Description	Examiner	Date of Loss	Reserve Category	Total Paid	Incurred Loss
992150006574	Reopen	TEST CLAIM	SLAUGHTER,SUSAN	05/19/2016	Expense	\$0.00	\$100.00
992150006574	Reopen	TEST CLAIM	SLAUGHTER,SUSAN	05/19/2016	Medical Payment . .	\$195.00	\$195.00
992150006575	Open	TEST CLAIM	REED,HENRY	05/20/2016	Expense	\$200.00	\$750.00
992150006575	Open	TEST CLAIM	REED,HENRY	05/20/2016	Medical Payment . .	\$0.00	\$2,500.00
992150006575	Open	TEST CLAIM	REED,HENRY	05/20/2016	Indemnity Payment .	\$0.00	\$3,500.00

Page 1 of 1

- When on the Claims Summary tab, you can access the policy or the Billing Details by clicking on the Policy Number link or the correct due amount link.

Claims Inquiry

Claims Inquiry

Insured's Name:

Policy Number:

Date of Loss:

Claim Type:

Claim Number:

Sort Results By:

Loss Activity Report: ☒ **Loss Activity Check Box**

Claim Number	Claim Type	Policy Number	Insured's Name	Date of Loss	Claim Status	Line of Business
992150006574	WORKERS' COMPENSATION	WC 5000341 00	BRRRR AIR CONDITIONING INC - T	May 19 2016	Reopen	Workers Comp Voluntary
992150006575	WORKERS' COMPENSATION	WC 5000341 00	BRRRR AIR CONDITIONING INC - T	May 20 2016	Open	Workers Comp Voluntary

Click on Claim Number

- If you want to see the Loss Activity Report for the claim, check the Loss Activity Report and click on the claim number.

Policy Search > Loss Report

Policy: Additional Interest: Location: Loss Activity Report: History: Comments:

Agency Name: KIRKILES & ASSOC COMMERCIAL
Agency#: 0010192
Term: 5/16/2016 - 5/16/2017

Click Policy Tab

Print Loss Run Button

Claimant	Accident State	Claim Number	Injury Date	Reported Date	Status	Description	Medical Paid	Medical Resv	Indemnity Paid	Indemnity Resv	Recovery	Expense Total	Total Incurred
SNOW WHITE	MA	992150006574	05/19/2016	05/25/2016		TEST CLAIM	\$195.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	\$295.00
JACK SPARROW	MA	992150006575	05/20/2016	05/23/2016	Open	TEST CLAIM	\$0.00	\$2,500.00	\$0.00	\$3,500.00	\$0.00	\$750.00	\$6,750.00
Total claims for this policy period: 2							\$195.00	\$2,500.00	\$0.00	\$3,500.00	\$0.00	\$850.00	\$7,045.00
Total for all Periods:							\$195.00	\$2,500.00	\$0.00	\$3,500.00	\$0.00	\$850.00	\$7,045.00
Total Claims: 2							Policy Premium: \$32,977.00			Loss Ratio: 21.36%			

- The Policy Search screen will display the Loss Activity Report for the claim.
- To print the Loss Activity Report, click Print Loss Run.
- To return to the claim inquiry, click on the Policy tab.

Claims Inquiry

MEADOWBROOK ONLINE

Meadowbrook OnLine

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Email Endorsement Renew Policy Documents

Policy Search > Policy Inquiry

Policy Additional Interest Location Loss Activity Report History Comments

Applicant: BRRRR AIR CONDITIONING INC - T
Company: NORTHEAST WC - STAR INS
Policy Number: WC 5000341 00 Status: Endorsement

Agency Name: KIRKILES & ASSOC COMMERCIAL
Agency#: 0010192
Term: 5/16/2016 - 5/16/2017

Policy Information			
Policy Number	WC 5000341 00	Effective/Expiration Date	05/16/2016-05/16/2017
Status	Endorsement	Line of Business	Workers Comp Voluntary
User Name	MARK CUSSON	Doing Business As	
Total Written Premium	\$32,977.00	Audit Code	Annual audit
Group Number		Reason Endorsed	IC
Group Code		Inception Date	5/2016
Payment Plan	15% DN 8 INST-\$10 SC	Agency	KIRKILES & ASSOC COMMERCIAL

Insured Information

Insured Name	BRRRR AIR CONDITIONING INC - TEST POLICY 3	Insured Address	4254 ICEY ROAD ARCTIC CITY, MA 48233
Phone Number		Fax Number	
Alternate Phone Number		Email	
Federal Employee Identification Number	994848484	Legal Entity	CORPORATION

Employer's Liability Limits

Split Rate Date Period	05/16/2016	Disease - Employee Limit	\$500,000.00
Per Accident	\$500,000.00	Disease - Policy Limit	\$500,000.00

Summary Information

Number of Locations	3	Number of Class Codes	15
Number of Additional Interests	3	Number of Claims:	2
Current Due Amount:	\$7,075.00		

Click on Number of Claims Link

- Click on the Number of Claims Link.

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Claims Search > Claims Summary

Claim Summary Claimant Summary Payment Details

Policy Number: WC 5000341 00 Claim Number: 992150006574

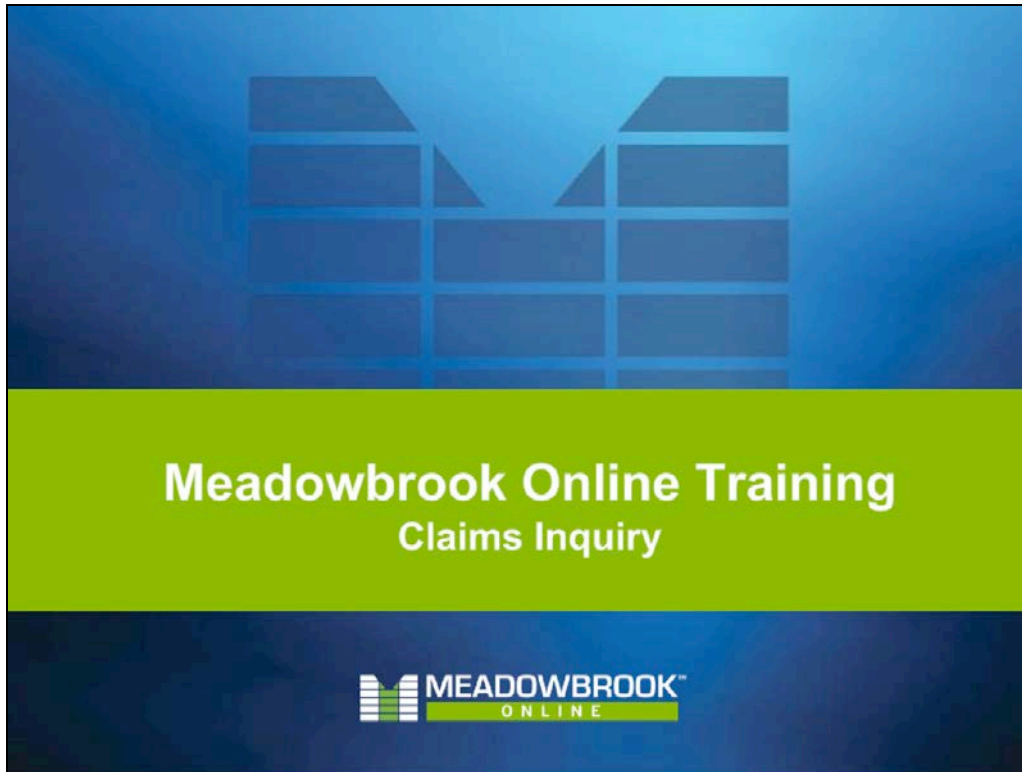
Policy Number	WC 5000341 00	Insured's Name	BRRRR AIR CONDITIONING INC - T
Claim Type	WORKERS' COMPENSATION	Current Due Amount:	\$7,074.53

< Page 1 of 1 >

Claim #	Claim Status	Loss Description	Examiner	Date of Loss	Reserve Category	Total Paid	Incurred Loss
992150006574	Reopen	TEST CLAIM	SLAUGHTER,SUSAN	05/19/2016	Expense	\$0.00	\$100.00
992150006574	Reopen	TEST CLAIM	SLAUGHTER,SUSAN	05/19/2016	Medical Payment . .	\$195.00	\$195.00

< Page 1 of 1 >

- The Claims Summary screen will be displayed.



- This completes the Claims Inquiry training segment.